

Enclosure 8
ADVANCED EMT INSTRUCTOR NOMINATION

- [] EMT-Intermediate Instructor Application (*Complete Sections I-III plus VI - VII*)
 [] EMT-Paramedic Instructor Application (*Complete Sections I - VII*)

SECTION I: <i>Personal Information</i>		
Name: (Print or Type) _____		Date: _____
Mailing Address: _____ _____ _____		
City: _____	State: _____	Zip Code: _____
Home Phone: _____	Work Phone: _____	Pager: _____
Do you have a high school diploma or G.E.D.? [] YES [] NO		
Lead: Do you have 5 years <i>experience</i> as a Paramedic? [] YES [] NO		
Module: Do you have 2 years <i>experience</i> as a Paramedic? [] YES [] NO		

SECTION II: <i>Credentials</i>	
LEAD INSTRUCTOR <i>Authorized by DHEC - EMS</i>	MODULE INSTRUCTOR <i>Authorized by the Training Institution</i>
1) SC NREMT-Paramedic _____ S.C. NREMT-Paramedic Certification Number and Expiration Date (Copy of state & NR cert. card)	1a) RN & MD does not have to meet any other requirement. _____ RN or MD Current SC License (Enclose copy of license) *****OR***** 1b) SC NREMT-Paramedic _____ S.C. NREMT-Paramedic Certification Number and Expiration Date (Copy of state & NR cert. card)
2) Enclose copy of current CPR (BLS) Instructor card or certificate 3) Enclose copy of NHTSA Instructor Methodology course certificate or equivalent 4) Documentation of approved Anatomy & Physiology course or equivalent 5) Documentation of approved RSI & 12-Lead ECG course	

SECTION III

Required for all LEAD -&- Trauma & Assessment Based Management Module Instructors

TRAUMA COURSE INSTRUCTOR (BTLS, CTC, PHTLS)

Enclose copy of current trauma course instructor card or certificate

(Minimum participation in at least two courses)

TYPE COURSE	DATE	SPONSOR
<i>Participation in a minimum of two (2) lecture areas and two (2) skill areas</i>		
LECTURE AREAS	SKILL AREAS	
Enclose course outlines to verify above experience		

SECTION IV: (Paramedic Instructor only)

Required for all LEAD -&- Medical Module Instructors

ADVANCED CARDIAC LIFE SUPPORT (ACLS) INSTRUCTOR

Enclose copy of current ACLS course instructor card or certificate

(Minimum participation in at least two courses)

TYPE COURSE	DATE	SPONSOR
<i>Participation in a minimum of two (2) lecture areas and two (2) skill areas</i>		
LECTURE AREAS	SKILL AREAS	
Enclose course outlines to verify above experience		

SECTION V: (Paramedic Instructor only)***Required for All LEAD -&- Special Considerations Module Instructors*****PEDIATRIC COURSE INSTRUCTOR (PALS, PEPP, PEMSTP)****Enclose copy of current pediatric course instructor card or certificate*****(Minimum participation in at least two courses)***

TYPE COURSE	DATE	SPONSOR

Participation in a minimum of two (2) lecture areas and two (2) skill areas

LECTURE AREAS	SKILL AREAS

Enclose course outlines to verify above experience**SECTION VI: ENDORSEMENTS****EXECUTIVE DIRECTOR OF ADVANCED TRAINING INSTITUTION
MEDICAL CONTROL DIRECTOR FOR CANDIDATE'S EMS PROVIDER***I endorse*

for a position as: [] EMT-Intermediate Instructor [] EMT-Paramedic Instructor

When this candidate is authorized as an instructor, I will use this instructor in my EMT training program(s). I submit this endorsement without reservation.

Signature: Executive Director Advanced Training Institution

Date

Signature: Medical Control Director- Candidate's EMS Provider

Date

All approved candidates will be scheduled for a one-day instructor orientation which must be completed prior to authorization as an instructor.

SECTION VII: VERIFICATION OF APPLICATION

I verify that all information on this application is true to the best of my knowledge. I understand that any omissions and/or false or misleading information and/or documentation may be grounds to deny or revoke my instructor authorization and may lead to other disciplinary action as specified in EMS regulation 61-7 and the Advanced Policy Manual

Signature: *Instructor Candidate*

Date